

POSITION	ID NO.	DATE
CLASSIFIER	35	2/10/70
EXAMINER	703-2	6-20-70
TYPIST		
VERIFIER		
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final Original	5/8/11/15/16/17/18/19/20/21/22/23/24/25/26/27/28/29/30/31/32/33/34/35/36/37/38/39/40/41/42/43/44/45/46/47/48/49/50
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BEST AVAILABLE COPY

SYMBOLS

✓ Rejected

— Allowed

• (Through numbers) Canceled

• Restricted

• Non-elected

• Interference

• Appeal

• Objected

Claim	Date
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